~	•			•						• • •		~		
	Under the Pao	enwork Reduc	dina Art of 100	×				U.S. Patent a	Approv	ed for use	through 7/31/20	PIO/SE 06. OMB	VO6 (08-0 0651-00	
U.S. Patent and Trademark Of Information unit PATENT APPLICATION FEE DETERMINATION RECORD										uniess it d	less it displays a valid OMB control numb			
Substitute for Form PTO-875										1 ^49	ication or Dock	et Numbe	ar .	
CLAIMS AS FILED - PART I											- HOLO	~		
(Cotumn 1) (Cotumn 2) SMALL ENTITY										0	O1	HER TH	tan	
L	FOR	NUMBER FI	ED.	NUMBER EXTRA				1	~,	<u>Sw</u>	ALL EN	TITY		
	ASIC FEE 37 CFR 1.16(a))		17_		NOWBER EXTRA		\dashv	RATE	FEE	4	RATE		FEE	
Г	OTAL CLAIMS 37 CFR 1.16(c))		10					<u> </u>	S	01	R Litusa	0 3	270	
Ti	INDEPENDENT CLAIMS		/ <u>/</u>				4	x s	•	01	x x 18	E	Ī	
(37 CFR 1.18(b)) 7 minus 3 = .							x \$.	☐ of	x .84		1		
1	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									OF		$\overline{}$	+	
ŀ	* If the difference in column 1 is less than zero, enter "0" in column 2.									┨ ॅ	T+FXIC	<i>k</i>	<u> </u>	
									L	OR	TOTAL	4	770	
CLAIMS AS AMENDED - PART II														
L		(Cotum	n 1)	(C	otumn 2)	(Cotumn 3	. ·	Chan	Chitma	OF	NTO s	ER TH	AN ·	
AMENDMENT A		CLAI REMAII		HO		PRESENT EXTRA	7	SWAL	LENTITY	¬ ¨	SMA	LL ENTI	ΤΥ	
	1	AFTER AMENDME		PRE	iumber E vious ly			RATE	ADDI- TIONAL	1	RATE	A	DDI-	
	Total pr cFR u 1660	· ·	(Ming		DFOR	-	4	ļ	FEE	_			ONAL FEE	
Ž	tridependent	 	Min	$\# \gamma$){{K_	 	4	x s		OR	x s_ =	\top		
Ž	(37 CFR 1.05(b))							x s =		OR	xs =			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							+5 -		7		+		
							_	TOTAL	 	OR	+s_ =	+		
		(Column	. 45					ADD'L FEE	L	OR	ADD'L FEE			
8		CLAIM	is		iumn 2) HEST	(Column 3)	, ,			_	<u>. </u>			
AMENDMENT		REMAIN		NUA	MBER IOUSLY	PRESENT EXTRA		RATE	ADDI-		RATE	T	DDI-	
	Total	AMENDM		PAID	FOR	Exilia] [TIONAL	İ		TIO	NAL	
	Total (37 CFR 1.15(c)) Independent	19	Minus	lat	2	=		X \$ =		1	7	 	EE	
	Q1 CFR 1.15(b))	$\perp \alpha$	Minus	"7		=	11	x \$ =	 	OR	x s			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							<u>^•</u> -	 	OR	X S=	<u> </u>		
+5 a TOTAL										OR	+5 .			
									<u> </u>	OR	ADD'L FEE			
_		(Column 1		(Catu	mn 2)	(Cotumn 3)							\dashv	
의		CLAIMS REMAININ	VIS	HIGH NUM		PRESENT	Ιſ	RATE	4000	Ì		T	\dashv	
		AFTER AMENDME		PREVIO	USLY	EXTRA		WIE	ADDI- TIONAL		RATE	ADI		
اَةً	Total (37 CFR 1.18(ct)	•	eaniM	"		-	 -		FEE			FE		
MENDMENT	Independent (37 CFR 1.14(b))	•	Minus				F	X S=		OR	x \$=	· .		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))									OR	x \$=			
_		on or mot	WELL DEPEND	ENT CLAYE	(37 CFR	1.16(d))	1.	ا ما	ĺ				\neg	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"It is "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" [Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed explication from to the USPTO. Time will vary depending upon the individual case. Any comments and Tradamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

TOTAL ADD'L FEE